

California Sources of Weight-Related Surveillance Data
NUTRITION, WEIGHT STATUS, PHYSICAL ACTIVITY, and SEDENTARY BEHAVIOR

Name and contacts for survey/surveillance system	Survey/surveillance System Description
<p>1. Behavioral Risk Factor Surveillance System (BRFSS) Adults only</p> <p>Cancer Surveillance Section Survey Research Group http://www.surveyresearchgroup.com/clients.asp?ID=9</p> <p>Scientific Contact Holly Hoegh, PhD Cancer Surveillance Section 1700 Tribute Road, Suite 100 Sacramento, CA 95815-4402 (916) 779-0338 holly@ccr.ca.gov</p>	<p>BRFSS is an annual year-round survey used to monitor the national and state-level prevalence of personal health practices that are related to premature morbidity and mortality. The basic philosophy was to collect data on actual behaviors, rather than attitude or knowledge, which would be especially useful for planning, initiating, supporting, and evaluating health promotion and disease prevention programs. The survey has been conducted annually since 1984. Modules to assess fruit and vegetable consumption were added in 1990.</p> <p>Method: Random digit dial CATI (computer assisted telephone interview). There is a core module of questions common to all states, but each state can also add additional sets of questions about state-specific issues. Interviews are administered in English and Spanish.</p> <p>Time Period: Ongoing, year-round</p> <p>Population Monitored: 4,000 adults, aged 18+, in each state</p> <p>Data access: Public use data sets are available through written request on agency letterhead. You will need to supply (1) your name, (2) your company or organization name, (3) your email address, (4) your telephone number and (5) your intended use/research of the survey literature. Upon receiving this information you will be issued a user I.D. and password. . Weights provided with the dataset adjust for gender, age, and race/ethnicity to correct discrepancies between the sample and the CA adult population.</p> <p>Query system: Interactive query system available on the National website: Prevalence data by total state population, gender, age, race, income, or education; Trend data for total state – can compare to nation or another state. http://apps.nccd.cdc.gov/brfss/</p> <p>Reports/Publications: http://www.surveyresearchgroup.com/publications.asp - Points of Interest 2002, Points of Interest 2001, Points of Interest 2000, Healthy People 2000 Objectives</p> <p>Geographic Unit of Analysis: National and state-level only through query system. Could use data set to do limited county-level analysis for larger counties.</p> <p>Weight-related variables: Anthropometric measures (height, weight, calculated BMI), weight control practices, health status (selected measures), cholesterol screening practices, awareness and treatment, fruit & vegetable consumption, physical activity; in CA, a food security module will be administered in 2003.</p>

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<p>2. California Women's Health Survey (CWHs) Adult women</p> <p>Cancer Surveillance Section Survey Research Group http://www.surveystudyresearchgroup.com/clients.asp?ID=11 (916) 779-0338</p> <p>Scientific Contact Marta Induni Cancer Surveillance Section 1700 Tribute Road, Suite 100 Sacramento, CA 95815-4402 (916) 779-0338 marta@ccr.ca.gov</p>	<p>The California Women's Health Survey (CWHs) is an annual population-based year-round survey designed to gather information about health-related attitudes and behaviors and access to health care services among California women. The survey began in March of 1997 and is collaborative effort between the California Departments of Health Services, Mental Health, Alcohol and Drug Programs, Social Services, California Medical Review, Inc. (now Lumetra), and the Public Health Institute, with the CDHS Office of Women's Health serving as the coordinating program. The CWHs was established to provide information to policy-makers and health professionals about women's health, and to serve as a catalyst for innovative solutions that will impact the health of women and girls in California.</p> <p>Method: Random digit dial CATI (computer assisted telephone interview). A core set of questions is asked annually, supplemented by questions of interest to participating programs that vary from year to year. Interviews are administered in English and Spanish.</p> <p>Time Period: Ongoing, year-round</p> <p>Population Monitored: 4,000 adult women aged 18+, throughout California</p> <p>Data set access: To obtain a copy of the CWHs Survey Instrument, Technical Documentation, or Data sets contact the Survey Research Group at srg@ccr.ca.gov. Weights provided with the dataset adjust for age and race/ethnicity to correct discrepancies between the sample and the California adult population using the most recent population estimates from the CA Dept. of Finance, i.e., Baseline 1997 Population Projection Series, 1990-1996.</p> <p>Reports/Publications: Selected findings from the 1997, 1998, and 1999-2000 CWHs are available as Issues 1, 2, and 3 of Data Points on the OWH website at http://www.dhs.cahwnet.gov/director/owh/survey.htm</p> <p>Geographic Unit of Analysis: State-level for OWH-issued Data Points results. Could use data set to do limited county-level analysis for larger counties.</p> <p>Weight/nutrition-related Variables: BMI (height/weight), weight control practices, body image, insurance status, insurance coverage for nutrition/weight loss, dietary quality and beliefs (fruit/vegetable), physical activity behavior and beliefs, access to health care, prenatal care, nutrition, breastfeeding, folate knowledge, hunger, food insecurity, use of food assistance programs, .</p> <p>Limitations: Self-reported data. Some questions administered only once or infrequently. Not all questions are validated.</p>

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<p>3. California Health Interview Survey (CHIS) Adults, teens, and children UCLA Center for Health Policy Research www.chis.ucla.edu 1-866-275-2447</p> <p>Scientific Contact; Charles DiSogra, DrPH Director, California Health Interview Survey UCLA Center for Health Policy Research 10911 Weyburn Ave., Suite 300 Los Angeles, CA 90024-2887 (310) 794.0946 cdisogra@ucla.edu</p>	<p>The California Health Interview Survey (CHIS) is the largest state health survey conducted in the United States. It is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. CHIS is conducted biennially and was first administered in 2001. Since CHIS interviews a large sample every 2 years, it provides health planners, policy makers a fuller picture of health and healthcare needs at both the state and local level and for major race/ethnic groups. The sample is cross-sectional, independently drawn each cycle. Respondents available for follow-back studies.</p> <p>Method: Random digit dial CATI (computer assisted telephone interview). Interviews are administered in English, Spanish, Mandarin Chinese, Cantonese Chinese, Vietnamese, Korean, and Khmer (Cambodian).</p> <p>Time Period: Every two years, 6-7 months across the year. Start month may vary.</p> <p>Population Monitored: Over 55,000 adults, 5800 teens, and 12,592 children participated in the first CHIS survey in 2001. CHIS will provide statewide estimates for California's overall population, its major racial and ethnic groups, and a number of smaller ethnic groups. Adult proxy responds for children under 12.</p> <p>Data set access: For public use data files - http://www.chis.ucla.edu/main/default.asp?page=puf. Contains demographic variables, but not sub-state identifiers (county, city, ZIP code). All detailed data, including sensitive variables and local level information, available through DHS Center for Health Statistics or UCLA (see http://www.chis.ucla.edu/pdf/DAC_FS_092002.pdf).</p> <p>Query system: - The CHIS website contains the interactive system, AskCHIS. AskCHIS lets you select health topics that interest you and then quickly see the results in tables and graphs. These data can be queried for the whole state or for a single county (33 counties), county group (8 groups of the smallest counties), or regional group of counties. There is no cost, but you are required to register, obtain a password, and login.</p> <p>Reports/Publications: A report on the Food Security 2001 CHIS data can be found on the CHIS website, with additional information at http://www.cfpa.net/hungerrelease.htm</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations. County-level data for counties with population of 100,000 or more, but sample size may result in unstable estimates for some groups.</p> <p>Weight-related Variables: The Adult survey provides information regarding demographics, health status, BMI, fruit/vegetable intake (2001), physical activity (2001), access to health care, public program eligibility, and food insecurity. The Adolescent survey includes information on BMI, fruit/vegetable, soda, milk, physical activity and sedentary pursuits (TV/video/computer for fun). The Child survey includes BMI, the same dietary variables as for teens (but only for time child spent not in school/day care) and time spent on TV/video/computer games.</p>

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3. California Health Interview Survey (CHIS) (con't)	Limitations: Self-reported data. Available data varies by age group. Questions about children's dietary intake include only the period child was not at home or at school. Diet & physical activity questions not asked in 2003.
4. California Dietary Practices Survey (CDPS) Adults CDHS; Cancer Prevention and Nutrition Section (CPNS), Division of Chronic Disease and Injury Control www.dhs.ca.gov/cpns/research/index.htm 916-449-5400 Scientific Contact: Sara Cook, MPH, CHES Cancer Prevention and Nutrition Section (916) 449-5390 scook1@dhs.ca.gov	<p>The California Dietary Practices Survey is the most comprehensive population-based dietary survey conducted in California. Developed to address dietary and physical activity monitoring of a representative sample of California adults, the CDPS has been conducted every other year since 1989. Results help track changes and provide direction in the development of health promotion campaigns and programs.</p> <p>Method: Random digit dial CATI (computer assisted telephone interview). Interviews are administered in English and Spanish.</p> <p>Time Period: Mid-summer to mid-fall (about July – October) in odd-numbered years</p> <p>Population Monitored: This survey tracks the dietary and physical activity habits and patterns of Californians age 18+ and generally includes 1000 general population respondents plus, many years, a disparities-related over sample of 400-700. Analysis is conducted by gender, gender by age group, race/ethnicity, education and household income after data are weighted for California for income by ethnicity by age per the 1990 U.S. Census.</p> <p>Data set access: Public use data sets not available.</p> <p>Publications/Reports: 7 major reports, includes trends findings, findings specific to low-income Californians, detailed findings related to fruit/vegetable consumption, attitudes, etc. Most recent research report on 10-year trends in fruit and vegetable consumption: http://www.phi.org/pdf-library/fruit_survey1102.pdf For list of other available reports and copies of the survey instruments see http://www.dhs.ca.gov/cpns/research/rea_surveys.htm</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations.</p> <p>Weight-related Variables: The foundation of the survey is a simplified, structured 24-hour recall identifying fruits, vegetables, and other selected high and low-nutrient foods consumed on the day prior to the interview - daily number of servings of fruits and vegetables and other specific categories of foods; awareness of the recommended number of servings of these foods; motivations for and barriers to eating fruits, vegetables, and other healthy foods; out of home eating; minutes of physical activity; motivations for and barriers to physical activity; other knowledge, attitudes and behaviors about physical activity; food security (beginning 2001)</p> <p>Limitations: Self-reported, seasonal data. Findings not available at the county level.</p>

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<p>5. California Teen Eating, Exercise and Nutrition Survey (CalTEENS)</p> <p>CDHS, Cancer Prevention and Nutrition Section, Division of Chronic Disease and Injury Control www.dhs.ca.gov/cpns/research/index.htm 916-449-5400</p> <p>Scientific Contact: Sharon Sugerman, MS, RD, LD, FADA Cancer Prevention and Nutrition Section (916) 449-5406 ssugerma@dhs.ca.gov</p>	<p>The California Teen Eating, Exercise and Nutrition Survey is the most comprehensive diet and physical activity survey conducted among California adolescents. Although socio-economic status (SES) is not collected from the adolescents, surrogate SES measures were added to the 2002 survey.</p> <p>Method: Random digit dial CATI (computer assisted telephone interview). Interviews are administered in English and Spanish.</p> <p>Time Period: Spring to mid-summer (March – late June) in even-numbered years, beginning in 1998.</p> <p>Population Monitored: A random sample of California teenagers, age 12 – 17, with a sample size of about 1200. Analysis is conducted by gender, gender by age group (12-13, 14-15, 16-17), race/ethnicity, body weight status, physical activity status, and smoking status after data are weighted for California by age, gender, and race/ethnicity per the 1990 U.S. Census.</p> <p>Data set access: Public use data sets not available.</p> <p>Reports/publications: <i>1998 California Teenage Eating, Exercise, and Nutrition Survey (CalTEENS)</i> Full Technical Report with Survey Instrument and Data Tables. Contact research@dhs.ca.gov for report and copies of the survey instruments.</p> <p>Weight-related Variables: The foundation of the survey is a simplified, structured 24-hour recall identifying fruits, vegetables, and other selected high and low-nutrient foods consumed on the day prior to the interview - daily number of servings of fruits and vegetables and other specific categories of foods; awareness of the recommended number of servings of these foods; motivations for and barriers to eating fruits, vegetables, and other healthy foods; consumption of fast food; minutes of physical activity; motivations for and barriers to physical activity; participation in school and extracurricular physical activity; other knowledge, attitudes and behaviors about physical activity; school environment; tobacco usage.</p> <p>Geographic Unit of Analysis: State-level data for all questions and populations.</p> <p>Limitations: Self-reported, seasonal data. Findings not available at the county level. African-American sample is small.</p>

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<p>6. California Children's Healthy Eating and Exercise Practices Survey (CalCHEEPS)</p> <p>CDHS, Cancer Prevention and Nutrition Section, Division of Chronic Disease and Injury Control www.dhs.ca.gov/cpns/research/index.htm 916-449-5400</p> <p>Scientific Contact: Angie Jo Keihner, MS Cancer Prevention and Nutrition Section (916) 449-5389 akeihner@dhs.ca.gov</p>	<p>This survey fills a gap in monitoring children's eating and activity habits in California, since there is no other in-depth statewide survey about eating and exercise practices of California's children. Because the potential population represents only 12% of California households, the sample is drawn from a market research pool that identifies qualified households that contain a child in the correct age range. The market research method eliminates the logistics and costs of collecting data through in-class or field-based surveys.</p> <p>Method: Unlike the CPNS adult and teen telephone surveys, this survey consists of a mailed 2-day food and physical activity diary completed by the child, with parental assistance. A follow-up telephone survey about attitudes, beliefs, and knowledge is conducted with the child alone to encourage free expression of ideas. This survey is implemented in the English-language only.</p> <p>Time Period: Mid-spring to mid-summer (April – late June) in odd-numbered years</p> <p>Population Monitored: About 800 children age 9-11 years old, in California. Analysis is conducted by gender, race/ethnicity, body weight status, physical activity status, participation in federal school meal programs, household income, and participation in classes on physical activity and on nutrition after data are weighted for California household income, gender, and race/ethnicity per the most recent Current Population Survey of California.</p> <p>Data set access: Public use data sets not available.</p> <p>Reports/Publications: Three 6-page reports; contact research@dhs.ca.gov for more information or to obtain a copy of the survey instruments.</p> <ul style="list-style-type: none"> • <i>Special Report to the American Cancer Society - Are Californians Meeting ACS Nutrition Guidelines for Cancer Prevention? Findings from Three Statewide Surveys of Children, Teens, and Adults (2001)</i> • <i>A Special Report on Policy Implications from the 1999 California Children's Healthy Eating and Exercise Practices Survey (2001)</i> • <i>Special Report to the American Cancer Society - 1999 California Children's Eating and Exercise Practices Survey: Fruits and Vegetables, A Long Way to Go (2000)</i> <p>Weight-related Variables: daily number of servings of fruits and vegetables and other specific categories of foods; awareness of the recommended number of servings of these foods; motivations for and barriers to eating fruits, vegetables, and other healthy foods; consumption of fast food; minutes of physical activity; motivations for and barriers to physical activity; participation in school and extracurricular physical activity; other knowledge, attitudes and behaviors about physical activity.</p>

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6. CalCHEEPS (cont'd)	<p>Geographic Unit of Analysis: State-level data for all questions and populations.</p> <p>Limitations: Self-reported, seasonal data. Findings not available at the county level. Does not include non-English-speaking children. Only about half the children who finish the diary take part in the telephone survey. African-American sample is small.</p>
<p>7. California High School Fast Food Survey</p> <p>California Project LEAN, Division of Chronic Disease and Injury Control http://www.californiaprojectlean.org</p> <p>Scientific Contact: Amanda Purcell, MPH apurcell@dhs.ca.gov 916-552-9955</p>	<p>Due to concern about the record levels of teen obesity, the California High School Fast Food Survey was - conducted with district level food service directors in 2000 in order to examine the presence of fast foods on California high school campuses.</p> <p>Method: Mailed self-administered survey to all (323) district-level public school food service directors with a high school in their district, and a follow-up phone interview with 50 food service directors responding to the survey</p> <p>Time Period: Single administration, March 1999</p> <p>Population Monitored: N = 171 responded, representing California 345 high schools.</p> <p>Data set access: Public use data sets not available.</p> <p>Reports/Publications: Survey report and additional information available on the website, http://www.californiaprojectlean.org/consumer/hsffsurvey2003.asp</p> <p>Weight-related Variables: types of fast foods being sold on California high school campuses, factors that influence fast food sales, economic and policy issues associated with these sales.</p> <p>Geographic Unit of Analysis: State-level</p> <p>Limitations: Self-reported/administered; voluntary participation; not representative of all school districts; public schools only</p>

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<p>County Survey Example: 8. Los Angeles County Health Survey</p> <p>Office of Health Assessment and Epidemiology, Los Angeles County Department of Health Services – Public Health www.lapublichealth.org 213-240-7785</p> <p>Scientific Contact: Cheryl Wold Los Angeles County Department of Health Services Los Angeles, CA 94234-7320 cwold@dhs.co.la.ca.us</p>	<p>The Los Angeles County Health Survey provides population-based health information about Los Angeles County adults and children. Survey topics include demographics, health behaviors, health status, access to and use of health care services, among other health-related issues. The survey was conducted in 1997 and in 1999-2000, and most recently in 2002-2003, by the Field Research Corporation for Los Angeles County Health Department.</p> <p>Method: Random digit dial CATI; Interviews are offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese.</p> <p>Time Period: Administered annually during the Fall and Winter, when funding is available</p> <p>Population Monitored: Representative sample of over 8,000 adults and 6,000 children who live in LA County. Child data is collected from the parent about child living in household; one child is randomly selected in those households where multiple children are eligible.</p> <p>Data set access: Available upon request.</p> <p>Reports/Publications: <i>Meeting the Data Needs of a Local Health Department: The Los Angeles County Health Survey</i> http://www.ajph.org/cgi/reprint/91/12/1950.pdf; All reports and additional tables are available on the LAC DHS website: www.lapublichealth.org/ha. Nutrition-related reports include <i>Hunger and Food Insecurity in Los Angeles</i> http://www.weingart.org/institute/research/facts/pdf/JustTheFacts_Hunger_LA.pdf; Report by The Los Angeles County Task Force on Children and Youth Physical Fitness.</p> <p>Weight-related Variables: Fruit and vegetable consumption (adults), body weight (adults), physical activity and sedentary behavior (adults); breastfeeding (child), fast food consumption (child), food security (households <300% FPL), access to parks/recreational space (child), hours of TV watching (child); use of WIC services (child).</p> <p>Geographic Unit of Analysis: County-level, Service Planning Areas (8), some analysis available by health districts</p> <p>Limitations: Self-reported data, limited to households with telephones; limited data on adolescents</p>

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Maternal and Child Health Surveillance Measures	
<p>9. Maternal and Infant Health Assessment (MIHA) Recently pregnant women</p> <p>CDHS, Maternal and Child Health Branch, Epidemiology and Evaluation Section http://www.mch.dhs.ca.gov/epidemiology 916-657-0324</p> <p>Moreen Libet 714 P Street, Room 476 Sacramento, California 95814 Phone: (916) 651-8983 E-mail: mlibet@dhs.ca.gov</p>	<p>The MIHA is a collaborative project of the CDHS Maternal and Child Health Branch and the University of California, San Francisco developed to monitor issues relating to pre- and post-natal health and to pregnancy.</p> <p>Method: Self-administered surveys are mailed to women 10-14 weeks after giving birth. Birth outcomes are provided through linkage with birth certificate data. Questions may be rotated into and out of MIHA depending on data needs and emerging issues.</p> <p>Time Period: Annual, first administered in 1999</p> <p>Population Monitored: A stratified random sample of about 5000 women, over age 15, delivering live births in California during February through May; about 3500 complete the survey. Non-responders are sent several additional mailings. After this, telephone follow-up is attempted for the remaining non-responders. There is an African-American over sample. Surveys are available in English and Spanish.</p> <p>Data set access: Contact Moreen Libet</p> <p>Reports/Publications: The website contains a number of electronic reports relating to pre- and post-natal issues and pregnancy. See also CDHS Maternal and Child Health compiled data below.</p> <p>Weight-related Variables: Breastfeeding through about age four months; barriers to breastfeeding; risk behaviors before and during pregnancy including use of folic acid supplementation; history of low infant birth weight; maternal weight gain during pregnancy; food security-related food deficit.</p> <p>Geographic Unit of Analysis: Statewide</p> <p>Limitations: Self-reported; No Asian language surveys</p>

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<p>10. CDHS Maternal and Child Health compiled data www.mch.dhs.ca.gov 916-654-0110</p> <p>Carrie Florez, BSW cflorez@dhs.ca.gov</p>	<p>Not a single survey, this is compiled data from a variety of sources, organized for ready reference and comparison of rankings for counties. Many data sources are used, including, perinatal data, the California Birth Statistical Master file and State of California Dept. of Finance data. In addition to perinatal data, findings are presented for childhood injury/death and assaultive injury/death of women.</p> <p>Population Monitored: For perinatal data, pregnant and childbearing women and newborn infants in California.</p> <p>Data set access: Does not apply</p> <p>Reports/Publications: <i>California Maternal and Child Health Data Book</i> – http://www.ucsf.edu/fhop/mch-data.htm; All downloadable files are .pdf files. Two files are available for each county and for Berkeley, Long Beach, and Pasadena. One file contains perinatal data; the other contains injury data</p> <p>Weight-related variables: Breastfeeding at the time of hospital discharge, percent very low birth weight, percent low birth weight</p>
<p>11. Integrated Statewide Information System (ISIS) - Women and children < 5 years old, low-income</p> <p>CDHS; Women Infants and Children (WIC) Supplemental Nutrition Program; Primary Care and Family Health http://www.wicworks.ca.gov/default.asp 916-928-8746</p> <p>Scientific Contact: Earnestine Black, Chief, Research & Evaluation Unit</p>	<p>ISIS is a transactional database intended to identify if persons who apply for WIC services are eligible for WIC. ISIS data is collected from women as part of their client assessment when they apply for WIC services and entered into an automated system. ISIS data are also collected regarding the infants and children who apply for WIC, whether or not their mother is also applying for WIC services. For example, a father could have custody of a child, and that child (or infant) could be enrolled in WIC for services.</p> <p>Method: Items are typically self-reported, except for Height, Weight, Hemoglobin, and Hematocrit, which are provided by a third party, usually a physician or clinic - sometimes the actual WIC clinic. Examples of self-reported data are: nutritional risk information (also called Risk Codes) and demographic data such as: ethnicity; age; education; and residence info.</p> <p>Time Period: Ongoing, year-round</p> <p>Population Monitored: 1.4 million low-income women and children monthly who take part in the WIC program</p> <p>Data set access: Public data set not available.</p> <p>Reports/Publications: Contact Chief, Research & Evaluation Unit</p>

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<p>11. Integrated Statewide Information System (ISIS) (con't)</p>	<p>Weight-related variables: Weight is collected for each individual and can be reported by category (Breastfeeding women, Non-breastfeeding women, infant, child, and pregnant woman). Also available is: weight information by infant feeding choice: Breastfeeding (exclusively, partially, not at all); various demographics (such as age, ethnicity, residence, language spoken, country of birth, etc.); and source of medical care or social services profile (TANF, Food Stamps, etc.).</p> <p>Geographic Unit of Analysis: State level, clinic-level, zip code, and agency-level</p> <p>Limitations: In the past, weight categories for analysis have not matched standard BMI cut points and NCHS Growth Chart designations of BMI for age and gender for classification of overweight; Variable protocols for measuring height/weight among physicians; consistent standards when measured by WIC nutritionists.</p>
<p>12. Pediatric Nutrition Surveillance System (PedNSS) Children and adolescents, low-income</p> <p>CDHS Children's Medical Services (CMS), Primary Care and Family Health</p> <p>Scientific Contact: Susan Mattingly, MS, RD Nutrition Consultant State PedNSS Coordinator Children's Medical Services Branch MS 8102 P.O. Box 997413 Sacramento, CA 95899-7413 (916) 322-8785 smatting@dhs.ca.gov</p>	<p>The purpose of PedNSS is to monitor simple key indicators of nutritional status among low income, high risk infants, children and adolescents who participate in publicly funded health programs. In California, data is collected from the Child Health and Disability Prevention Program (CHDP) screening appointments. Nationwide, PedNSS has been conducted continuously since 1973. In California participation has been since 1988. Data is compiled annually. The Children's Medical Services (CMS) Branch provides PedNSS data to the Child Health and Disability Prevention (CHDP) programs in each county on an annual basis. CMS staff provide technical assistance in interpretation of the data for local CHDP programs.</p> <p>Population Monitored: Low income, high risk children, birth through 19 years of age with an emphasis on birth to five years of age. For PedNSS, most states collect data only for age birth up to five. California collects data on children up through age 19.</p> <p>Method: In-person clinical examination and laboratory tests</p> <p>Time Period: Ongoing, year-round</p> <p>Data set access: Public data sets not available.</p> <p>Reports/Publications: A 2001 national report is available on the CDC website, http://www.cdc.gov/nccdphp/dnpa/pednss.htm. The 2002 Pediatric Nutrition Surveillance Report and data tables for the nation, state, and counties/health jurisdictions are available on the Children's Medical Services (CMS) Branch website (http://www.dhs.ca.gov/pcfh/cms/onlinearchive/pdf/chdp/informationnotices/2003/chdpin03q/contents.htm). Data is presented separately for age birth to less than 5 and for age 5 to 19, as well as selected age sub-</p>

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12. Pediatric Nutrition Surveillance System (PedNSS) (con't)	<p>groups.</p> <p>Weight-related variables: Low or high birth weight, anemia (low hemoglobin or low hematocrit), underweight, overweight, at risk for overweight (age 2 – 19 only), and short stature.</p> <p>Geographic Unit of Analysis: National, state and county-level</p> <p>Limitations: Low-income children only; No national PedNSS data for children age 5 to 19.</p>
California Department of Education and Other School-Based Surveillance Measures	
<p>13. California Healthy Kids Survey (CHKS) 5th, 7th, 9th, 11th grade children</p> <p>Healthy Kids Program Office California Department of Education</p> <p>Mr. Robin Rutherford rrutherf@cde.ca.gov</p> <p>Scientific Contact: Greg Austin, PhD Wested 4665 Lampson Ave. Los Alamitos, CA 90720 (562) 598-7661, Ext. 5155 gaustin@wested.org</p>	<p>The CHKS is a comprehensive youth health risk behavior and resilience survey funded primarily by the California Department of Education (CDE); some cost, about \$.25/pupil, is covered by the school administering the test. CHKS provides school districts with an instrument to assess an array of health indicators related to academic success and wellbeing. It is a flexible, modular survey designed to be easily customized to meet local needs. Questions of local interest can be added. The Core module of the secondary school survey includes questions about height and weight, physical activity, diet, and asthma diagnosis and must be administered by all participants. In addition, it includes one item that assesses the reliability of answers. A Resilience and Youth Development Module assesses environmental assets in the school, community, home, and peer group, as well as individual assets. Module E, Physical Health, provides detailed information on physical activity in and out of school, body image, behaviors related to weight loss or maintenance, physical risks associated with sports and motor vehicles, and general health, including doctor visits. Starting in the 2003-04 school year, all schools districts that receive funds under the federal Safe and Drug Free Schools and Communities Act and state Tobacco Use Prevention Education grants are required to administer the Core module and the school asset questions every two years. All other modules are optional. There is a fee for the addition and reporting of custom questions. The elementary school survey provides baseline data to support the implementation of comprehensive, developmentally appropriate K-12 prevention and health programs. With its other questions, it provides a comprehensive overview to health-related behavior and attitudes, and meets the requirements of the No Child Left Behind Act.</p> <p>Methods: Voluntary, self-report cross-sectional survey administered in the classroom by school staff; it is anonymous and confidential. Written parental consent is required. CORE must be administered by all participating districts; selected Resilience Module questions will be required of all participants beginning 2003-2004. Can be adapted for longitudinal studies tracking students.</p>

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<p>13. California Healthy Kids Survey (cont'd)</p>	<p>Time Period: Implemented in 1998; Annual; biennial requirement starting 2003-2004, but can be administered more frequently (higher fees apply); ongoing, district selects time of administration</p> <p>Population Monitored: California 5th, 7th, 9th & 11th graders in school districts that agreed to administer the survey, as well as all students in nontraditional (alternative) secondary school settings. Elementary instrument may also be administered to students in grades 4 and 6. The sample size is large, with much ethnic diversity. Representative district-wide sample, selected by contractor; target 900 students/grade; school-level surveys optional. School sample - If there are over 10 schools per grade in the district, schools are randomly sampled (only 13 districts). Student sample - For districts with 900 or fewer students per grade, all students are surveyed. For larger districts, classrooms totaling 900 students are randomly selected (15% of districts). For the 2001-2002 CHKS, the sample participating in the CHKS Core was Grade 7: 102,941, Grade 9: 82,528, Grade 11: 68,352, and Non- Traditional (mostly continuation): 11,777. A schedule of survey administration since 1998 by district and county is available at the survey website (www.wested.org/hks).</p> <p>Data set access: Aggregated county-level datasets can be obtained by the County Office of Education generally through the Safe and Drug Free Schools and/or Health Education and Prevention program for those counties that met participation criteria (\$150/module for each printed report; \$50 fee for basic SPSS data file. An MOU must be signed guaranteeing no survey results will ever be released that identify a school or district by name or enable such identification in any other way without district approval. An aggregated state database is not available at this time to users outside of the Department of Education, but comparison statewide results are available for the required questions from the biennial California Student Survey.</p> <p>Reports/Publications: The CHKS survey instruments, background information, sample reports, administration guidelines and other support materials, and a report on the relationship between risk factors and academic performance index scores can be found at: http://www.wested.org/pub/docs/chks_home.html; 2001 YRBS results of comparable weight/nutrition/PA questions for San Diego, San Bernardino, and San Francisco can be found at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5104a1.htm. County-level data tables and local Technical and Key Findings reports can be obtained as indicated above under Data set access.</p> <p>Weight-related Variables: Elementary school survey – body image, dieting, frequency of physical activity; Middle and High School surveys - consumption of: milk, soda pop, fruits/vegetables, breakfast; participation in moderate, vigorous, and strengthening physical activity; feeling of safety in one's neighborhood; Beginning with the 2002-2003 middle and high school surveys, self-reported height and weight was added to the core. Questions are based on the California Student Survey and the California Independent Tobacco Evaluation Survey, as well as the national Youth Risk Behavioral Survey (YRBS), which has not been administered statewide since 1999.</p>

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13. California Healthy Kids Survey (cont'd)	<p>Geographic Unit of Analysis: The survey is conducted at the school district level, so all school districts receive findings at that level. For about 85% of districts, representative data are also available at the school level. County-level data are available through the County Office of Education. For spring 1998 - spring 2002, the aggregated state database contains over 1,000,000 student records from 75% of school districts, representing 92% of CA state enrollment. Representative statewide data are provided by the biennial California Student Survey, which now incorporates all the required items from the CHKS.</p> <p>Limitations: Self report; the results of this survey are not representative of California as it is only administered selectively at the discretion of individual school districts; in any given year, not all districts in a county may have conducted the survey and the findings may not be representative of the county as a whole; data are primarily from public schools; test is not administered by trained surveyors; student may not feel his/her results are confidential, since the survey is administered in a public setting; data are better for generating hypotheses than for answering questions.</p>
14. California Student Survey (CSS) 7 th , 9 th , and 11 th grade children Office of the Attorney General Dept. of Alcohol and Drug Programs California Dept. of Education Healthy Kids Program Office Dept. of Health Services Office of AIDS Scientific Contact: Greg Austin, PhD Wested 4665 Lampson Ave. Los Alamitos, CA 90720 (562) 598-7661, Ext. 5155 gaustin@wested.org	<p>This biennial survey, legislatively mandated since 1991, is administered by the office of the Attorney General of California, and it is designed to provide current and long-term information on alcohol, tobacco, and other drug use and related attitudes. For the 8th CSS, in 1999 the core CHKS questions, including physical activity, nutrition, and resilience measures, were added to provide additional state-representative data in those topic areas.</p> <p>Methods: Repeated, cross-sectional, voluntary, self-report survey administered in the classroom by surveyors trained by the contractor; it is anonymous and confidential. Written parental consent is required.</p> <p>Time Period: Conducted biennially since 1985, fall-winter odd years</p> <p>Population Monitored: California youth in grades 7, 9, and 11. For the 2001-2002, the total sample participating in the CSS was 8,238; Sample: representative statewide sample, selected by contractor; target 2,500 students/grade; School sample - random sample of about 125 public and private schools statewide – high schools and paired feeder middle schools; Student sample – up to three randomly selected classrooms in required courses per grade/school</p> <p>Data set access: Contact Greg Austin, PhD.</p> <p>Reports/Publications: Downloadable 2001-2002 and 2003-02004 CSS survey instruments that include the CHKS comparable core nutrition and physical activity questions can be found at http://www.wested.org/cs/we/view/pi/244. Data tables for the 2001-2002 CHKS comparison variables are</p>

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<p>14. California Student Survey (CSS) (con't)</p>	<p>available on the website, http://www.wested.org/chks/pdf/css2001a.pdf.</p> <p>Weight-related Variables: consumption of: milk, soda pop, fruits/vegetables, breakfast; participation in moderate, vigorous, and strengthening physical activity; feeling of safety in one's neighborhood; includes all items in CHKS Core Module A., middle/high school. Comparable to YRBS and national Monitoring the Future Survey. Height and weight questions added in 2003.</p> <p>Geographic Unit of Analysis: Aggregated state-level findings.</p> <p>Limitations: Self report; data is primarily from public schools; student may not feel his/her results are confidential, since the survey is administered in a public setting</p>
<p>15. California Physical Fitness Test, (Fitnessgram) 5th, 7th, 9th grade students</p> <p>http://www.cde.ca.gov/statetests/pe/pe.html</p> <p>California Department of Education www.cde.ca.gov</p> <p>Debbie Vigil Standards and Assessment Division California Department of Education 1430 N Street, Suite 5408 Sacramento, CA 94244-2720 (916) 319-0341 dvigil@cde.ca.gov</p>	<p>The California Physical Fitness Test is a statewide student physical fitness test directed by AB 265 in 1995 to be administered at least once every two years. Beginning in spring 2001, CDE determined to collect and report data every year. The physical fitness test is a required element of the School Accountability Report Card. The State Board of Education designated the <i>Fitnessgram</i> as the required physical performance test to be administered to California students.</p> <p>Method: <i>Fitnessgram</i> is not a survey instrument; it is a set of measured physical fitness tests. Local districts administer the <i>Fitnessgram</i> according to the test administration directions included in the Fitnessgram test administration manual and report the results of the test to the CDE.</p> <p>Time Period: Annually during the months of February, March, April, or May</p> <p>Population Monitored: California 5th, 7th and 9th graders are tested. Although the test is mandated, the extent of testing has been affected by logistical and fiscal issues. Approximately 46% and 70% of California students were tested in 1997 and 1999, respectively. Approximately 92% of school districts submitted data in 2002, an increase of 2% from 2001.</p> <p>Data sets available: Contact Debbie Vigil</p> <p>Publications/Reports: State, county, district, and school level results are available on the website for 1998-99, 2000-2001, and 2001-2002 school years at http://data1.cde.ca.gov/dataquest/ by choosing "Physical Fitness Results" as the Subject and the appropriate level. Subgroup data is also available by gender and race-ethnicity. Background and test administration information is available at http://www.cde.ca.gov/statetests/pe/pe.html.</p>

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<p>15. California Physical Fitness Test, (<i>Fitnessgram</i>) (con't)</p>	<p>(A State assembly-district level report on overweight and lack of aerobic capacity ("unfitness") can be found at http://www.publichealthadvocacy.org/policy_briefs/study_documents/Policy_Brief1.pdf; with additional information, district-specific fact sheets, and an interactive map at http://www.publichealthadvocacy.org/policy_briefs/overweight_and_unfit.html; State senate district level planned. NOTE: These district-level reports were done by the CA Center for Public Health Advocacy and not CDE.)</p> <p>Weight-related Variables: Six fitness tests - aerobic capacity, body composition (usually by BMI, but could be by skin fold), abdominal strength, trunk strength, upper body strength, and flexibility.</p> <p>Geographic Unit of Analysis: State, county, district, and school-level data available on the CDE website. State assembly-district level (and State senate district level available soon) available via the CA Center for Public Health Advocacy - (NOTE: CDE will not be collecting this data.)</p> <p>Limitations: Standardized training for test administrators is lacking, which impacts inter- and intra-tester reliability and validity; knowledge, attitudes, and beliefs are not examined.</p>